



IHSS

IN-HOME SUPPORTIVE SERVICES

TRAINING ACADEMY

A PROJECT OF THE SAN DIEGO STATE UNIVERSITY SCHOOL OF SOCIAL WORK

Travel Claim Forms

If you work for multiple recipients, you must complete the [IHSS Program Provider Workweek & Travel Time Agreement \(SOC 2255\)](#). This agreement explains the workweek, 7-hour travel time limits, and includes areas for you to plan your workweek schedule and record the estimated travel time between recipients' locations each week.

Completing the SOC 2255 will help:

- Make sure that you do not work or travel more than allowed for each workweek in order to stay within the maximum workweek limit of 66 hours.
- Make sure that you will receive a Travel Claim Form.
- Prevent possible delays in payment and help you to avoid violations.

The SOC 2255, in particular, Part B, must be correctly completed and submitted in order for you to be paid for travel time.

PART B. TRAVEL TIME						
A		B	C	D	E	F
Names of the Recipients You Will Be Traveling Between			Distance Between Recipients' Locations (in miles)	Estimated Travel Time Between Recipients' Locations (in minutes)	Number of Days You Will Travel Between Recipients' Locations Each Workweek	Total Estimated Travel Time Between Recipients' Locations Each Workweek (Col. D x Col. E)
From	To					
						0
						0
						0
						0
						0
TOTAL ESTIMATED TRAVEL TIME EACH WORKWEEK:						0

NOTE: The SOC 2255 must be updated and resubmitted when there is a change in providers and/or circumstances that result in a permanent change in your work schedule.

Once the SOC 2255 has been received and processed by the county, if you are eligible to receive paid travel time you will be sent a Travel Claim Form (SOC 2275) in the same envelope with your timesheets for each recipient you work for. To claim travel time, you will need to correctly fill out a Travel Claim Form.

Travel time is claimed on the Travel Claim Form of the recipient that you are traveling **to**. If you claim more than 7 hours of travel time in a workweek, you will be paid for the excess hours, but will receive a violation.

Record your daily hours, minutes, case number, distance, and comments like this sample:

Travel Week #1					Case # From:	Distance:	Comments:
S	0	0	0	0			
M 13	1	5	1	5	0000000	1.1	
T 14	2	0	2	0	0000000	1.7	Rerouted due to road construction.
W 15	1	5	1	5	0000000	1.1	
T 16	1	5	1	5	0000000	1.1	
F 17	2	5	2	5	0000000	1.1	Traffic jam due to car accident.
S	0	0	0	0			
TOTAL	1	3	0	0	Previously Claimed Travel Hours: 05:00		

TURN OVER AND COMPLETE →

In order for Travel Claim Forms to be processed and paid, timesheets need to be processed first. The timesheet and Travel Claim Form should be sent together in the pre-addressed envelope.

E-1970 (8-14)

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without proper
postage.

IHSS TIMESHEET PROCESSING FACILITY

IHSS TRAVEL TIMESHEET

PO BOX 272863

CHICO, CA 95927-2863

